	Distributor ARN / RIA#	Distributor N	lame	Sub-Distributor Al	RN Internal Sub-Bro	
MOTILAL OSWAL Mutual Fund ARN/R	IA-			ARN-	Employee co	
#By mentioning RIA code, I/We authorize you to share with 1 Investors applying under Direct Plan must m		ails of my/our transactions in the schem	ne(s) of Motilal Osw	al Mutual Fund.		
Upfront commission shall be paid directly by "I/We hereby confirm that the EUIN box has been intentional	lly left blank by me/us as this transaction is execute	d First / Cala Appliant /				endered by the distributor. Power of Attorney
without any interaction or advice by the employee/relationshibroker or notwithstanding the advice of in-appropriateness manager/sales person of the distributor/sub broker."	s, if any, provided by the employee/relationshi	P Guardian		<u></u>	Third Applicant	Holder
TRANSACTION CHARGES FOR APPLICA amount is ₹10,000 or more and your Distributor has opted to				nount and payable per su	action Charges for bscription ₹ 10,000	Existing Investor - ₹100New Investor - ₹150
to the Distributor. Units will be issued against the balance at EXISTING INVESTOR'S DETAILS (P		0 &12)		and al	oove	New Investor - 2150
Folio No.	Name F	I R S T		M I D D	LEL	LAST
2 FIRST APPLICANT'S DETAILS (No		tori l y fill separate FATCA Form	ı Available on V	Vebsite:www.motilalosw	ralmf.com.)	☐ Mr. ☐ Ms. ☐ M/s
Name F I R S T		M I D D L	Е			L A S T
Father's Name F R S T		M I D D L	E			L A S T
PAN /PEKRN**	CIN					
KIN (KYC identification number)		Date of B	irth / D D	M M Y Y Y	Y Place of Birth / Ir	ncorporation
Country of Birth / Incorporation Nationality	Indian US Others (Please					
For Investments "On behalf of Minor" (Refer Instruction 1d)	Birth Certificate School Certif	icate Passport Dother	s Specify	Guardian's Relat With Minor	ionship Father	Mother Court Appointed
KIN of Guardian/ PoA (KYC identification numb	' L					
Name of the Guardian (In case of minor) / Cor	ntact person for non individuals / Po	A holder name		Guardian / PoA PAN		
F I R S T		M I D D L	Е			L A S T
Tax Residence Address (for KYC Address) Correspondence Address	Residential Registered office	Business Residential or Bu	siness			
City		State			Pin Code	
Overseas address		Mandatory in	case of NRI's			
	Mar	ndatory incase of NRI's				
Email ID						
Email ID & Mobile No. are essential to enable ** Please mention PAN/PEKRN(PAN Exempted		ndatory Mo	bile		Tel.	
3 KYC Details (Mandatory)	Tre Hororonice Humber) as it is ma	naco, j				
Status Partnership Firm HUF Artificial Juridical Person	_ : ; _	Public Limited Company Deprietor Minor	Listed Compa	any Society 1	AOP/BOI Trust I Limited Liability	H Liquidator / Partnership
☐ Body Corporate ☐ NGC	FI Govt. Boo	ly Bank [Defence Esta	ab l ishments \Box	NPO 🗌 Other	s Specify
Occupation Pvt. Sector Service Public		-				
Gross Annual <1L 1-5L 5-10L 1-5L 1-5L 1-5L 1-5L 1-5L 1-5L 1-5L 1-5		<1L 1-5L 5-10L		JE TOIL STOIL	s the entity involved in Foreign Exchange/ Money	
Net-worth* in ₹	as on D D M M Y Y	networth (Networth is mandatory f	as on or Non-individu		2 Gaming / Gambling / Lotte (casinos, betting syndicates)	
*Not older than one year Any other	her information	J	other information		Money Lending/ Pawning	Yes No
Politically Exposed Person (PEP) Status (Als	o applicable for authorised signatories/Promo	oters/ Karta/ Trustee/ Whole time Dire	ctors)	I am PEP I am Rela	ted to PEP Not Applic	able
Legal Entity Identifier (LEI) Number				LEI Expiry D	ate D D M M	Y Y Y Y
*With reference to the RBI circular "Introduction January 2021 it is mandatory to provide LEI in	n of Legal Entity Identifier for Large V	alue Transactions in Centralised	Payment System	ems" vide RBI/2020-21/8	2 DPSS.CO.OD No.901/	/06,24,001/2020-21 dated 5th
and above undertaken by entities (non-individu				and an analysis of the second	go payouto (outtrara re	
4 JOINT APPLICANT'S DETAILS SECOND APPLICANT'S DETAILS						☐ Mr. ☐ Ms. ☐ M/s
Mode of Holding Joint Anyone or Si	urvivor (Default)					
Name F I R S T	N	1 I D D L E			L	A S T
Father's Name F R S T		M I D D L	Е			L A S T
PAN /PEKRN**	Email ID			Mobile		
Email ID & Mobile No, are essential to enable us to comm	nunicate better with you					
KIN (KYC identification number)						
Date of Birth D D M M Y Y Y	Y Place of Birth	Country of Birth				Others (Please Specify)
Occupation Pvt. Sector Service Public S						ealer Others Specify
Gross Annual Income OR Net-				sed Person (PEP) Status		
worth* in ₹ networth *Not older than	as on DDM		I am PEP	I am Related to PEP	Not Applicable	
one year \leq An	y other information					
ACKNOWLEDGMENT SLIP Received s	subject to realisation, verification and condition	ons, an application for purchase of Ur	its as mentioned in	n the application form Appl	 lication/Folio No.	
From	, The same doing form dation and confund	, an approach for paronace of of	as mondoned i	- 1919		
Cheque no. Date	Amount		Scheme		Cto	mn & Signature

MOTILAL OSWAL Mutual Fund			
THIRD APPLICANT'S DETAILS			☐ Mr. ☐ Ms. ☐ M/s
Name F I R S T	M I D D L E		L A S T
Father's Name F R S T	M I D D L E		LAST
PAN /PEKRN** Emai		Mobile	
Email ID & Mobile No. are essential to enable us to communicate better with you			
KIN (KYC identification number)			
Date of Birth D D M M Y Y Y Place of Birth	Country of Birth	Nationality □Ind	ian US Others(<u>Please Specify</u>
Occupation Pvt. Sector Service Public Sector Gov. Service H	ousewife Defence Professional Re	tired Business Agriculture Stude	ent Forex Dealer Others Specify
Gross Annual Income OR Networth* in ₹ *Not older than one year ** The strength of the streng	□>1CR Politically □ M M Y Y □ I am P	y Exposed Person (PEP) Status EP	Not Applicable
**Please mention PAN/PEKRN (PAN Exempted KYC Reference Number) as it is	•		
5 DEMAT ACCOUNT DETAILS (Mandatory, only if you require units in Nomination provided in demat account	the demat form. Please fill in all details, else the applic shall be considered.	cation is liable to be rejected).	
NSDL CDSL Depository Participant (DP) Name			
DP ID	Beneficiary A/c N	0.	
Enclose for Demat option Client Master List Transaction/Holdin	ş Statement 🔲 DİS Copy		
6 EMAIL COMMUNICATION			I December 1981
Email ID provided pertains to Self Family Member (Note: If E		– . – .	_ ·
Investors providing Email Id would mandatorily receive E - Statement of Mobile No & Email Id with us to get instant transaction alerts via SMS & wise annual report or abridged summary through Physical mode (Applica	Email. I hereby authorize MOAMC to se	end important information and regular uj	
7 INVESTMENT & PAYMENT DETAILS			
Payment Type (Please✓) ☐ Non - Third party payment ☐ Third party pa ☐ Lumpsum ☐ Zero Balance ☐ SYSTEMATIC INVESTMENT PLAN*			
	Plan	Option & Sub-Option	Investment Amount (₹)
	Fidil	Οριίση α διισ-οριίση	Investment Amount (₹)
1 Motilal Oswal 2 Motilal Oswal			
2 Motilal Oswal			
4 Motifal Oswal			
In case of multiple schemes, Cheque/DD should be drawn in favour of "Motil	al Oswal Mutual Fund Collection A/c."	Total Amount	
and the cheque amount should match with the Total Investment amount mer	tioned here.	Total Amount	
Drawn on Bank/Branch:	A/c no		
Date SIP Monthly SIP- Any date of the month December (2) Quarterly SIP- Any date of the month for each quarter (i July, October) December (29th, 30th and 31st)	day to Friday) 29th, 30th and 31st)	POT IIIUGA P	und Only Growth Option is Available
, , , , , , , , , , , , , , , , , , ,			
MOTILAL OSWAL CASHFLOW PLAN DETAILS (MO-CP)	Quartorly Assually Date F	ast hath have] ooth
Options: *7.5% 10% 12% Frequency: *Monthly For Multi Asset Fund: 6% *7.5% 9%	Quarterly Annually Date:] 1 st	
Period: Start: M M Y Y End: M M Y Y	Perpetual From Scheme		
*Default Option Please refer to page number 7 for Terms & Conditions	•		
SYSTEMATIC WITHDRAWAL PLAN DETAILS (SWP)			
	. (in words)		
	terly		
SWP Period: Start: M M Y Y End: M M Y Y]		
*Default Option - ∌≪			·
		nagement Company Limited	



Motilal Oswal Asset Management Company Limited 10th Floor, Motilal Oswal Tower, Rahimtullah Sayani Road, Opposite Parel ST Depot, Prabhadevi, Mumbai - 400025 Email: mfservice@motilaloswal.com. Toll Free No.: +91-22 40548002 | 8108622222 website: www.motilaloswalmf.com



Mutuai Fund																																			
8 BANK DETAILS	Mandatory) Redemp	otion / Di	ividen	ıd /Refu	ınd payı	outs w	rill be	credite	d in	to this	ban	ık accou	nt ir	n case	it is i	in the (curr	ent lis	st of	bank	KS W	rith w	hom	Motil	al Os	swall	Mutu	ıal Fun	id ha	as Dire	ect C	redit fa	acility	
Bank Name																																			
Bank A/c No.															Ту	pe		Curr	ent [Savi	ngs		NRO) <u> </u>	NR	E [FC	NR [] (Others	s [(Spec	ify
Branch Name					Т			\top					City						\top				T	\top					Pin	, [_		Т	
IFSC Code (11 digit)*					i			$\overline{}$	$\overline{}$	MI	CR Co	de	(9 digit	t)*			i i		Ť	\exists			Ť	Ť	\exists	*Me	ntion	ned o			eque	leaf			
I/We understand that the instruction account with / without assigning are serves the right to issue a demand if however the unit holders wish to recheque should be crossed "A.	ny reason the draft/payal eceive a cheo 'C payee or	ereof, or if to ble at par ch que (instead nly" draw	he transac neque in ca d of a direc n in favo	tion is ase it is t credit r of th	delayed not poss t into the	or not ef sib l e to m ir bank ac	ffected a ake pay ccount) l	at all o ment b	r credite ov Direct	d su d into Cash	ch instru o the wro h/NEFT/E	ction	ns will be account fo	adec	quate di asons o	scharç f incor	ge of the mplete o	e Mu or inc	itual Fu correct	und t	oward rmatic	s red	lempti We w	on / d ou i d i	ividenc	1 / ref	und pru	rocee	ds. In ca	ase th	ne bank	does	not cre Further	dit my the M	/ our bank utua l Fund
9 NOMINATION DE	:IAJLS (Date	e of Birt	th							Addre	SS										T	(in es		rdiar			inor)		(Gua	ignat ardian	in c	case	А	llocatio
		is minor											+	(in case Nominee is a Minor) Nominee is a Minor) %																					
																						\dagger												\dagger	
Unit Holder's Signature If you do not wish to nominate sign			First		le App ardiar	licant /	/						5	Sec	ond A	pplic	cant					Ť					Third	d Ap	plicar	nt					100%
		and Cu-	nlome				n n																												
10 FATCA- CRS Decl		ուս ծմի	ihieiii6	mar	y inio	matic	ווע																												
10A Declaration for In Non-Individual investors		andatori	ily fill se	epara	ate FAT	CA Fo	rm Av	ailah	le on \	Net	osite:v	/wv	v.motila	alos	swaln	nf.co	m. Th	ne b	elow	/ inf	orm	atio	n is	real	ired	for a	all ar	pplic	ants/	'gua	rdian				
								Τ																											
First Applicant		Place/City of Birth										um	ry of B	,,,,,				+		I an al	1:			_	_				Nati						
Second Applicant								+		_								+	=		lian lian	F	_ U. ☐ III	.s. .s.	\equiv			_	ase s	_					
Third Applicant								+										H	=		lian	F	_	S.	\equiv			_	ase s	÷					
First Applicant	Co	untry of	Tax R	esid	ency		Tax				on Nu Equiva						entifi or oth					ify)		_		eas				(as	pleas defi B		•	,	
Second Applicant														$^{+}$										_	easo		F	A		=	В	Ť	C		
Third Applicant														Ì										R	easo	n		Α			В		C		
Reason A: The country we the respective country of "Please attach additional and DECLARATION/C	tax reside sheets if r	nce do necessa	not requ ry	uire t	the T I N																son	B:	No T	IN r	equir	ed.((Sele	ect th	nis rea	asoi	n Onl	y if 1	the au	ithor	ities of
Having read and understood the scheme(s). I/We hereby Notifications or Directions of the details of the scheme (s) me/us. In the event "Know' applicant, at the applicable N The ARN holder has disclose being recommended to me/my/our Non-Resident Exterr complete. I agree to notify M FATCA/CRS Certification: Declaration for Individual: I	declare that the provise the provise the provise to I/We had four Custo AV prevailed to me/us us. For NR hal/Non-RedOMF/AMC	at the am sions of the ave not re omer" pr ng on the all the co ls only: esident O immedia	ount inv he incon eceived i ocess is e date of ommissi I/We cor rdinary/ ttely in th	ested ne tax nor h not d such ions (nfirm FCNF ne eve	d in the Act, A ave becomple redem (in the factor) at Accordant of in the factor present of in the pation present of in the pation present of in the factor present of the factor present o	schem nti Mor en indu ted by r ption ar orm of am/we unt. I/V format	e(s) is ney La iced by me/us nd und trail co are No We cor tion ch	thro unde y any to the dertak ommi on Re ofirm ange	ugh leg ring La rebate e satisf ce such ssion c sidents that th s.	itim ws, or g acti oth or ar of e de	nate Sc Anti Co gifts, d ion of t ner action ny othe Indian etails p	orru orru ired he l' on v r m nat rovi	ces only uption L ctly or in Mutual f with suc tode), pa tionality ided by	and aws ndire Fund th fundayab y/ori me/	d does s or an ectly ind, I/we unds the ble to h igin and /us are	not i y oth n mal e here at ma im fo d tha e true	involvener app king the by au ay be ror the cat I/We and co	e an olica his i itho requ diffe e ha corre	nd is nable la investi investi irize ti uired l erent eve re ect. I	not daws tme he M by th con mit dec	desig enac nt. I/ /lutua he lav npetii ted fu lare t	ned ted We al Fu v. ng S inds that	for the by the confined, the interest of another the i	ne po rm t o rec ne o n ab nform	urpos vernr hat th deem f varic road t matio	e of ment ne fu the ous N throu n is t	the c t of In nds i funds Vlutua ugh a to the	contra ndia f inves s inve al Fui appro e bes	aventi from ti sted in ested nds fro oved b st of m	ion of ime in the in the com a constant of the	of any to tim Sche ne Sch among ting ch nowled	Act, e. I/N me (neme gst w nann dge,	Rules We have (s), lege (s), in which els or belief	, Reg ve un pally I Favo the S from , acco	Julations derstood belong to bur of the cheme is funds ir urate and
submitted above. I also confi the above information in fut authorities Declaration for Non-Individ	ure within	30 days	of the s	ame	being	effectiv	e and	also	undert	ake	to pro	vide	e any ot	ther	additi	onal	inforr	mati	ion as	s m	ay be	rec	quire	dan	y inte	rme	diary	orb	y don	nest	tic or (over	seas r	egula	ators/ tax
true, correct, and complete. I																																			
	: / Sole Ap Guardian/		/						Second Applicant												Third Applicant														
Date:	Pla	ace:																																	